

**JUDICIAL COUNCIL**  
**ADMINISTRATIVE OFFICE OF THE COURTS**  
Provider of Approved Courses for Court  
Interpreter Minimum Continuing Education Credit  
Information Update Form

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*\*(Return this form **only** if you have changes to the information previously provided to the Judicial Council.)\**

This information supersedes any information provided previously for each of the categories listed below.

Name of Provider: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address:\* \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Web site address: \_\_\_\_\_

*\*(Note: Mailing addresses will be published on the Internet.)\**

*Please indicate which number(s) you do **not** want released to the public and the Internet by checking the appropriate box(es).*

Phone Number(s): business ☐ ( ) \_\_\_\_\_ pager ☐ ( ) \_\_\_\_\_


fax ☐ ( ) \_\_\_\_\_ e-mail ☐ ( ) \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION**

I, the undersigned, declare under penalty of perjury under the laws of the State of California that I am a duly authorized representative of the provider listed at the top of this form, and that the information provided is true and correct. By signing this form, I also authorize the Judicial Council to release to the public, and to publish on the Internet, any of the information contained herein, unless I have indicated otherwise (by checking the appropriate boxes).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

 Mail to:	Judicial Council Administrative Office of the Courts Court Interpreters Program 455 Golden Gate Avenue San Francisco, California 94102
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